

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

RECEIVED
FEC MAIL CENTER
Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

2016 JUN 17 AM 7:09

JOE VITOLLO FOR CONGRESS

ADDRESS (number and street)

PO Box 948

☐

(Check if address
is changed)

C

COEYMANNS

CITY

N.Y.

STATE

12045

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address
is changed)

JOE.VITOLLOFORCONGRESS@REAGAN.COM

Optional Second E-Mail Address

JVITOLLO@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

VITOLLOFORCONGRESS.COM

2. DATE

06 / 03 / 2016

original sent 3/18/16 *

3. FEC IDENTIFICATION NUMBER

C00613174

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Matthew Weidman

Signature of Treasurer

Matthew Weidman

Date

06 / 03 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

2016-06-17 08:07:10

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
Candidate

Francis Joseph Vitello

Candidate
Party Affiliation

REP

Office
Sought:☒

State

NY

District

20

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

- | | | | | | |
|--------------------------|-------------------------|--------------------------|-------------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | Corporation | <input type="checkbox"/> | Corporation w/o Capital Stock | <input type="checkbox"/> | Labor Organization |
| <input type="checkbox"/> | Membership Organization | <input type="checkbox"/> | Trade Association | <input type="checkbox"/> | Cooperative |

- ☐ In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)









- ☐ In addition, this committee is a Lobbyist/Registrant PAC.

- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.  FEC ID number 
2.  FEC ID number 
3.  FEC ID number 
4.  FEC ID number 

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Mailing Address

Title or Position

Telephone number

MATTHEW WEIDMAN

155 HILSON ROAD

WESTERLO

WESTERLO

CITY

NY

STATE

12193

ZIP CODE

TREASURER

518-817-3871

2010-06-17 04:00:07

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

THE BANK OF GREENE COUNTY

Mailing Address

PO BOX 470

CATSKILL

NY

12414

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

201606171030007568

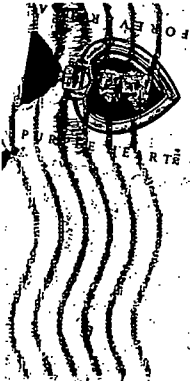


Mr. Francis J. Vitello
PO Box 948
Coeymans, NY 12045

2019-08-17 03:00:53

蘇州府志

THE STATE OF TEXAS



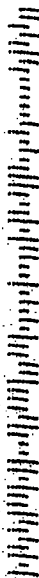
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FEDERAL ELECTION COMMISSION


999 East Street NW

WASHINGTON, DC 20463

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 09-JUN-2016
	Date of Receipt 06-17-2016
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	06-17-2016 DATE PREPARED

(3/2015)

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